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TO FUNERAL DIRECTOR:

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The law requires that the death certificate be executed within 24 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15314

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN W autside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 16 write RURAL and give negrest town) e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS ON A FARM? NO YES NAME OF Middle 4. DATE Month Year DECEASED 61 ANNIE 19 (Type ar print) 1055 DEATH DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED last birthday) 12-13-0 Ne9RO WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work dane 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most af working life, even if retired) INDUSTRY Housewife 13. FATHER'S NAME AIDEN llated 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (Yes, na, or unknown) (If yes give war or dates af service Shore State HED I Med UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH Hepatic IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave 05 W rise to immediate cause (a). DUE TO stating the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, affice bldg., etc.) While Nat While at wark L at work 21. I certify that AY (this haspital) attended the deceased from 10-30 19 6 / 10 19 67, and that death occurred at 45 A. M. from causes and on the date stated above. 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** STAFF PHYS. DIRECTOR ADDRESS 22d. 22c. PHÝSICIAN'S NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) my orciale Burn 24. EUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

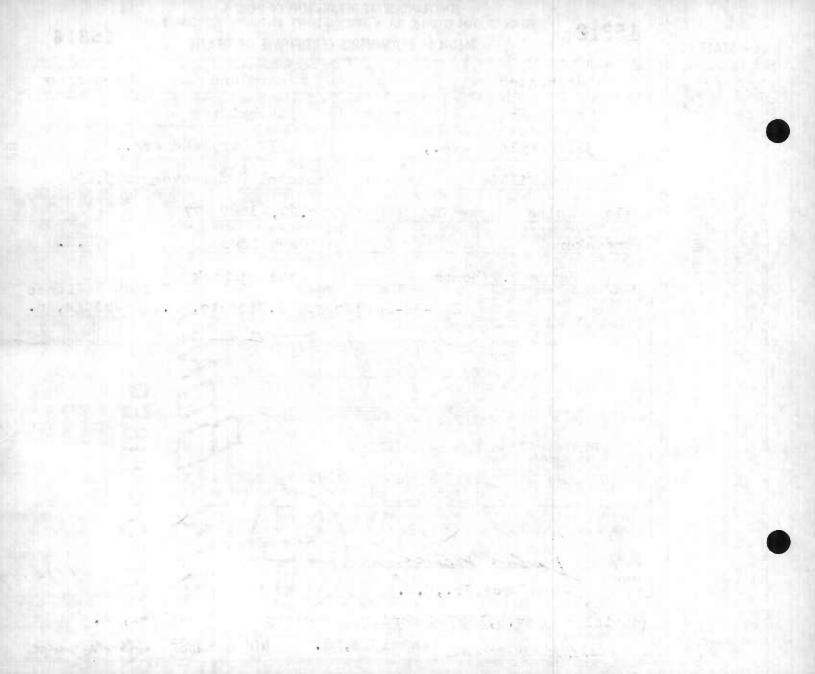
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 15317 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Dorchester Dorchester Md. 市口店 MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CfTY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hurlock, Md. 75 yrs. RFD. Hurlock rura d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO none none executed 3. NAME OF First complete Middle 4. DATE Month Year 72 DECEASED OF (Type or print) DEATH Cohee 19 Elwood 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH (ast birthday) and Hours WIDOWED IX DIVORCED certificate physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Caroline Co. Md. U.S.A. retired farmer same 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Josephine Coubourne Frank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address requires that the (Yes, no, or unkown) | (If yes give wer or detes of service) Hurlock, Md. 215-36-1320 Dorthy M. Cohee 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTÉRVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY: ente myocardial infarction hours gned IMMEDIATE CAUSE (e) DUF TO arterioselerotic heart disease Conditions, if any, which gave rise to immediate cause DUF TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? NO 957 Drior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) Por OR CONTRIBUTING | CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work CIOR 21. I certify that (i) (this hospital) attended the deceased from January saw the deceased alive on november 17 pino 1967 22e. SIGNATURE 22b. DATE ATTENDING . MED SIGNED november PHYS. DIRECTOR PHYS. M.D. HOSPITAL page with th death. Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S director, p 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, lown or county) 23c. NAME OF CEMETERY OR CREMATORY (Steta) REMOVAL (Specify 0 buri Cemetery Hurlock, Md. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Rederalsburg. Md. 15M 7/61 wester

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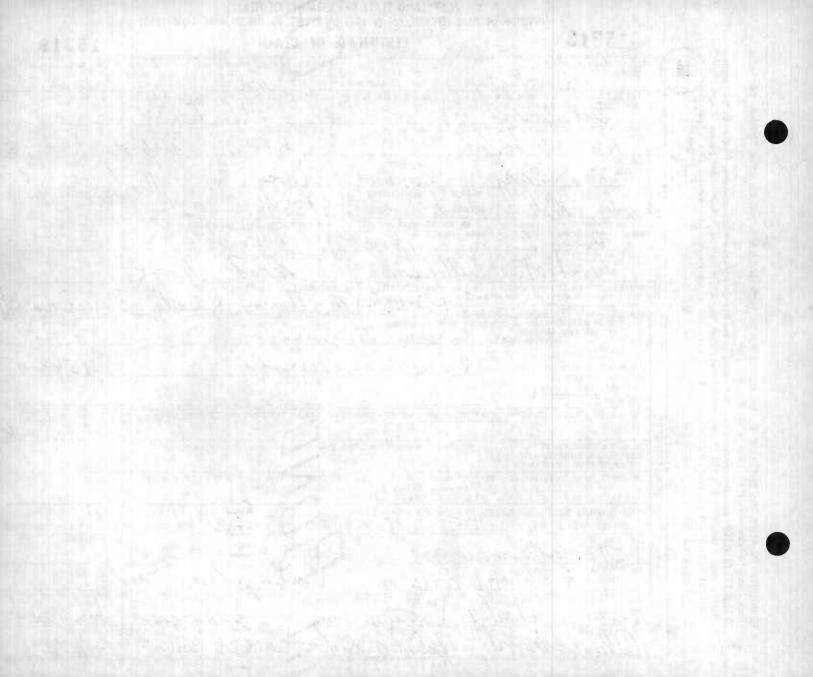
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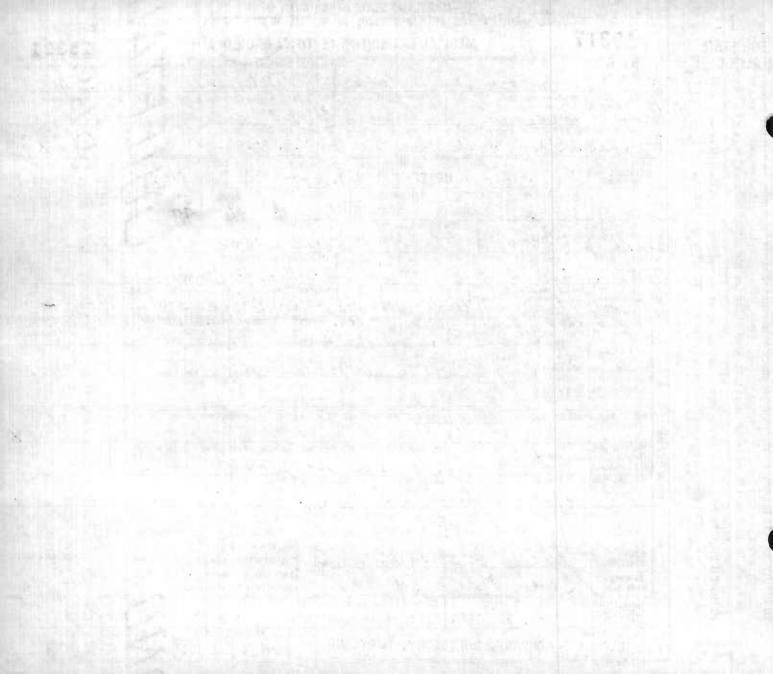
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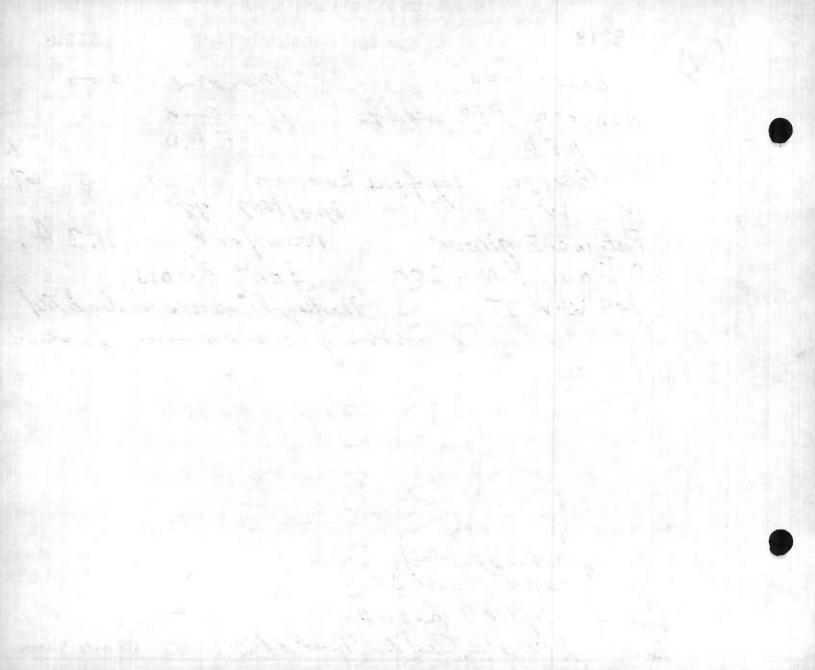
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FOR STATE		15317 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15321
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1 S O D S O	-	d. NAME DF HDSPITAL DR INSTITUTION (Print in haspital, give street address) "astern Shore State Lospital U.S. Rt.50	e. IS RESIDENCE ON A FARM? YES NO
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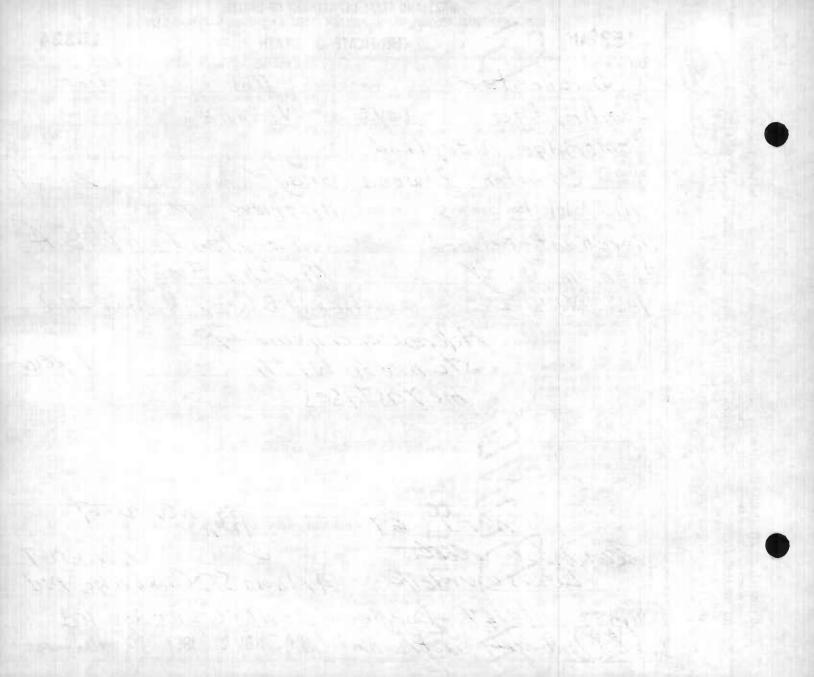


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15313 15323 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Page ORCHESTER MARYLAND b. CITY OR TOWN (If autside corporate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN write RURAL and give neorest town) 2, and PM3. write RURAL and give nearest town) 40 INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM 00 YES NO in pencil in Item 18. Give Pages This certificate should be executed within 24 haurs after death With 3. NAME OF First Middle 4 DATE Lost Month Day Year OF DEATH DECEASED (Type ar print) 1960 Office alang with SEX IF UNDER 1 YEAR IF LINDER 24 HR 7. MARRIED AGE (In years NEVER MARRIED last-birthday) Months Days Hours DIVORCED within 72 haurs after death WIDOWED' land2 10b. KIND OF BUSINESS DR 12, CITIZEN OF, WHAT Oo. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (State or fareign country) during most at working life, even if retired) INDUSTRY the Chief Medical Examiner's 1151 13. FATHER'S NAME File WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address (Yes, no, or unknown) (If yes give war or dates of service) "pending" INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) burial-transit event ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) writing the ward DUE TO Canditians, if any, which gave rise to immediate couse (o), farwarded ta = DUE TO stoting the underlying couse D. and nsed 19. WAS AUTOPS'
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ar remaval, CERTIFICATION 3 please execute the certificate, YES NO pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. crematian, MEDICAL (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (Stote) Hour a.m foctory, street, affice bldg., etc.) Your Nat While FUNERAL DIRECTOR: Page ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection V Inquiry and in my opinion far director. deoth resulted from: Noturol couses * Accident Suicide Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar 1 SIGNATURE funeral DEPUTY MEDICAL EXAMINER EXAMINER'S Health ! NAME (Type Address (Street, city, town, ar county) **TREMATION** 23b CEMFTERY OR CREMATORY 23d 10CATION (City or Iown) 0 FUNERAL DIRECTOR 250. READ BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15320 15324 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY after MARYLAND ONY OR TOWN (If outside corparate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers: Pag ond give nearest fown 24 hours fiffed in d. HAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO E YES The law requires that the death certificate be executed within with 3. NAME OF corbon Middle 4. DATE Lost Doy Year completely DECEASED d (Type or print) DEATH S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years remove thdoy) Months Doys Hours and in any WIDOWED & DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. SITIZEN OF WHAT during thost of working life, even if refred) pleose INDUSTRY 21 EATHER'S NAME 13. 14. MOTHER'S MALDEN NAME burial, crematian, or removal, attending phy. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war of dofes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN the signed by the buriof-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o be retoined by the hospitol or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse State Dept. of Health prior to this certificate has been os the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use NO OR ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram director, page 3 should should be filed with the saw the deceased alive an and that death accurred at M, fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS 22c. PHYSICIAN'S 22d. Page 4 moy NAME (Type) BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) 10 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 5321 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH

23b. DATE THEREOF

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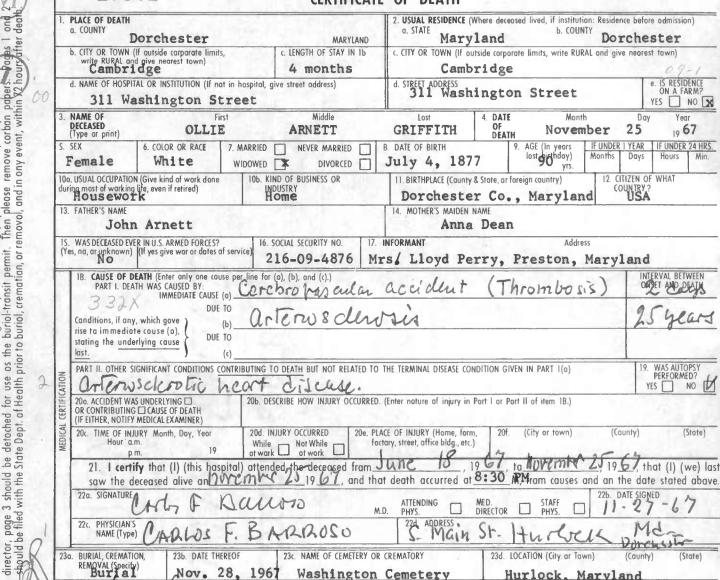
Nov. 28, 1967

23a. BURIAL, CREMATION

24. FUNERAL

REMOVAL (Specify)
Burial

15325



23c. NAME OF CEMETERY OR CREMATORY

Washington Cemetery

Mederalsburg, Maryland DATE NO

23d. LOCATION (City or Town)

250. REC'D BY REGISTRAR

Hurlock, Maryland
GISTRAR 256. REGISTRAR'S SIGNATURE

(State)

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Poge 4 moy be retained by the hospital or ottending physician. 9 VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15326 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15322 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY KENT DORCHE STER MARYLAND 00 b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3. 1YR.3 MO. 6 Departr ars after ROCK HALL RURA L CAMBRIDGE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? form hours EASTERN SHORE STATE HOSPITAL State YES NO D This certificate should be executed within 24 hours after death. NAME OF Middle 4. DATE Last Month Day Year DECEASED SARAH JOYNER HICKEY Nov. 20 19 67 within Type or print) DEATH IF UNDER 24 HRS IF UNDER I YEAR S. SEX 6. COLOR OR RACE 7 MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthdoy) Months Days Hours 10/2/84 WIDOWED X DIVORCED FEMALE WHITE ond 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Mn. ony U.S. word "pending" in pencil in the Chief Medicol Exominer's poges in ony HOSEWIFE OWN HOME 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME in pencil SAMUEL JOYNER SARAH DEFORD File and IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes af service) or removol, 705-12-4415 E.S.S.H. HOSPITAL RECORDS INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) ONSET AND DEATH burial-tronsit PART I. DEATH WAS CAUSED BY TERMINAL PNEUMONIA IMMEDIATE CAUSE (o). writing the word cremotion, DUE TO FRACTURE NECK OF RIGHT FEMUR Canditions, if any, which gave 1 MO. rise to immediate cause (a). forworded to DUE TO 0 stating the underlying couse 90 buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO pe 0 20o. EXTERNAL CAUSE WAS PRIMARY

or CONTRIBUTING 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part II of item 18.) prior 3 should 4 should FELL IN HOSPITAL AL EXAMINER: CAUSE OF DEATH. ogent, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) Haur a.m. 0/20/67 19 Nat While factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Poge LAM at work HOSPITAL CAMBRIDGE at wark DOR. MD designoted 21. 1 certify that I taak charge of the remains described above, held an Autopsy and in my opinion Inspection . Inquiry . for the funeral director. deoth resulted from: Natural causes Accident XX: Suicide Homicide Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 11/20/67 JOHN MACE JR. ealth NAME (Type) Address (Street, city, tawn, or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (State) 0/4 esL doll. 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D 8Y REGISTRAR VR A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15328 15324 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTOrchester a. COUNTY o. STATE Dorchester delay is and 3 to Page Maryland to MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

Cambridge c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b and 2, and PM3. Deportm DOA Hurlock - Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE Office along with form ON A FARM? in pencil in Item 18. Give Pages 1, Cambridge-Maryland Hospital Petersburg YES NO X with the Stote This certificate should be executed within 24 hours after death. 3. NAME OF 4. DATE First Middle Month Doy Year Lost DECEASED **JOLLEY** 21 JAMES CLIFTON November 67 19 (Type or print) DEATH 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lostshithdoy) Nov. 26, 1914 Months Hours Male Negro event within 72 hours after deoth. WIDOWED DIVORCED l and 2 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during mast of working life, even if retired)

Laborer Canning Factory COUNTRY? Dorchester Co., Md. e, writing the word "pending" in pencil in forworded to the Chief Medical Examiner's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laura Rideout James Jolley buriol-tronsit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no or unknown) (If yes give wor or dotes of service) Unknown Hattie M. Jolley, Sherwood, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Chronic alcoholism, fatty liver DUE TO OUN Conditions, if ony, which gove rise to immediate couse (o), = DUE TO stoting the underlying couse D and 05 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) or removol, CERTIFICATION please execute the certificate. YES -NO pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH cremotion, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) YOUR FUNERAL DIRECTOR: Poge ot work 21. I certify that I took charge of the remains described obove, held an Autopsy X. Inspection [Inquiry [and in my apinian for Natural causes X. Accident Suicide Undetermined manner death resulted fram: Hamicide funerol director. moy be retained CHIEF MEDICAL EXAMINER Heolth prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 11/28/67 DEPUTY MEDICAL EXAMINER FXAMINER'S Cambridge. Md. Address (Street, city, town, or county) NAME (Type 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) 2 Nov. 25, 1967 Petersburg Cemetery Near Hurlock Maryland 250. REC'D BY REGISTRAR VR A15ME 6M 1/67 Federalsburg, Maryland DATENOV 3 and Son.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S IFARTH BEPT. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before edinission) e. COUNTY Dorchester b. COUNTY MARYLAND Maryland Baltinione
WOR TOWN (If outside corporeta limits, write KURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 Rural-Cambridge l day Ellicott City 21043 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE DOA Cambridge Maryland Hospital ON A FARM? 186 Meadowvale YES NO X 3. NAME OF Middle 4. DATE DECEASED (Type or print) Alfred William Kabernagel DEATH Nov. 67 19 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days Male within 24 hours after of 18. Give Pages 1, 2, and horm PM3. Page 5 mmir. File pages 1 and 2 and in any event within White WIDOWED April 16 1896 DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Maryland Port Authority, Retired U.S.A. William Kabernagel Augusta Depkin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarordatasofsarvica) Mrs. Genevieve McCann Kabernagel WW I 80 186 Meadowvale Rd. 1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion Mins. office DUE TO Conditions, if any, which gave risa to immadiate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS AUTOPSY CERTIFICATION PERFORMED? writing the word e Chief Medical Page 3 should be NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stete) factory, straet, offica bldg., atc.) Hour e.m. While Not While at work at work 0 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from-Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY Delease executed a should be for FUNERAL Health or its of SIGNATURE 11/29/67 EXAMINER'S John Mace NAME (Typa) Addrass (Street, city, town, or county) Cambridge, Md. 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Baltimore National VR A15ME Henry Sander & Sons, Baltimore, Maryland 5M 1/62

DEPARTMENT OF HEALTH

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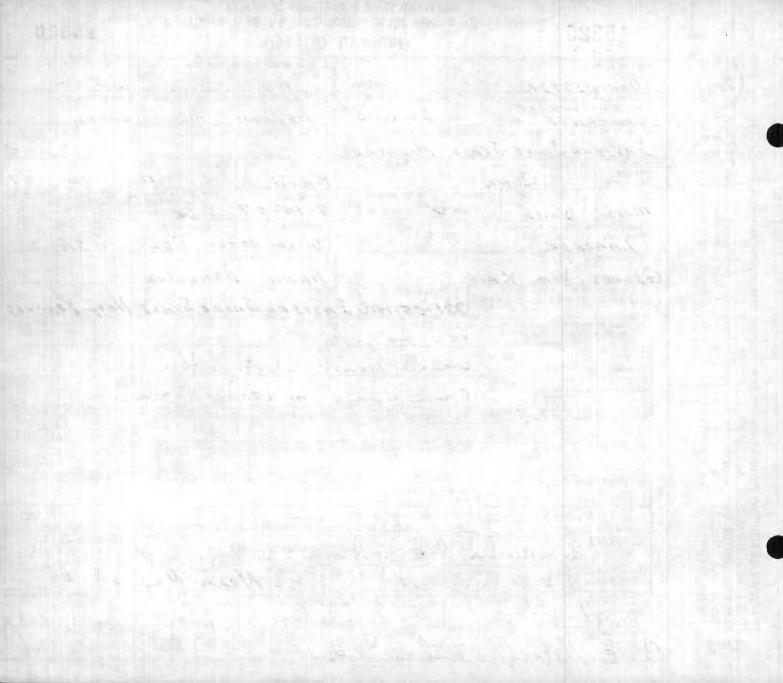
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CERTIFICATE	OF DEATH
1.	PLACE OF DEATH a. COUNTY DORCHESTER, MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) a. STATE b. COUNTY
	b. CITY OR TOWN (If autside carparate limits,	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
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10 du	Da. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired) ABORFR INDUSTRY	11. BIRTHPLACE (County & Stole, or foreign country) 12. CITIZEN OF WHAT COUNTRY? WILMINGTON DEL. U.S.A.
	FEORGE WM. KAIN	14. MOTHER'S MAIDEN NAME ANNA DENNISON
13	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address ASTERN SHORE STATE HOSP KELORE
	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PQ 7	INTERVAL BETWEE ONSET AND DEATH
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	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an 11-16 1967, and tha	t death accurred at 13 M, from causes ond on the date stated ab
	220. SIGNATURE Whiseled Pollologis I M.	
	22c. PHYSICIAN'S NAME (Type) Plan Rieckert	E- New Market Mcl
		is com Juliur Sus & Del
) :	24. FUNERAL DIRECTOR ADDRESS ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301-W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

15331

15327 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY o STATE CAROLINE popers. Page. 72 hours after MARYLAND DORCHESTER MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 315 YRS. DENTON e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM EASTERN SHORE STATE HOSPITAL YES NO NO 3 NAME OF First Middle 4. DATE Lost Month Year DECEASED Nov. 3 KLEIN GOTTI OB 1967 (Type or print) DEATH IF UNDER 24 HRS IF UNDER 1 YEAR S SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours 9/1/79 WHITE MALE WIDOWED DIVORCED 88 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY TENHTRY? GFRMANY FARMER 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME CHRISTIAN KIEIN FREDERIKA TRUMETER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service 213-50-4005 HOSPITAL RECORDS INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Cerrile. cachexic Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work 1964 . to 21. I certify that (I) (this haspital) attended the deceased fram 1967, that (I) (we) last and that death accurred at 12:40M, fram causes and an the date stated above. saw the deceased alive an 1967 P.M. 220 SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF DIRECTOR 11/3/67 M.D. 22d. ADDRESS NAME (Type) E.S.S. HOSPITAL. CAMBRIDGE. MD. 2050 23d. LLOCATION (CHY Town) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, (County) (Stote) 46 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS NOV 8 1967 Ochania, Ju DATE

The law requires that the death certificate be executed within ond in any puo pleose or removo permit. buriol, cremotion, the buriol-transit þ signed O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending the hos been prior to certificote 10 detoched this DIRECTOR: filed be filed FUNERAL director, should be 0 VR A15 (4) 25M 1/67

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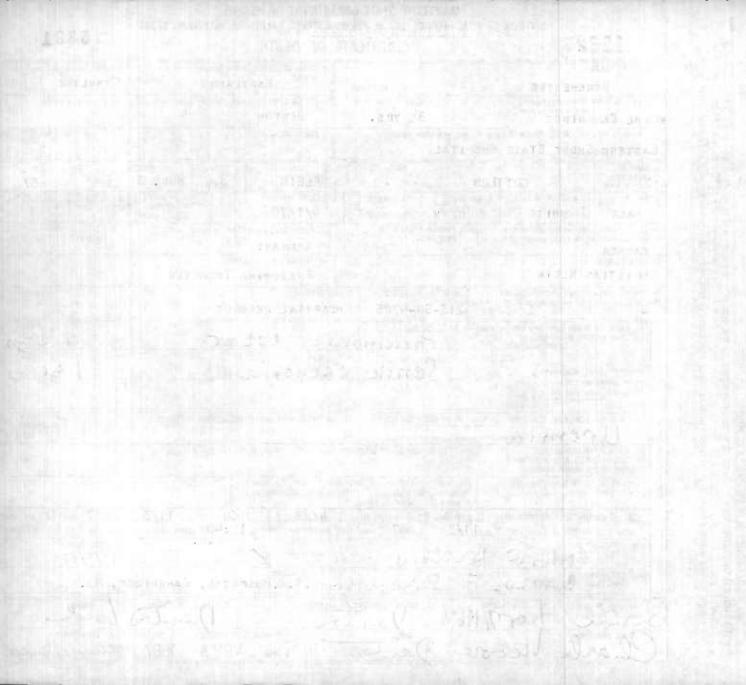
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MEDICAL EXAMINED'S CEPTIFICATE OF DEATH

IAIL		TOCKS MEDICAL EXAMINER 3	CEKTIFICATE OF DEATH	
DEPT.		COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before a co. STATE Maryland b. COUNTY Dorch	
partmen		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge 1 day	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest to East New Market	29-1
63		name of Hospital or Institution (If not in hospitol, give street oddress) Cambridge Md. Hospital		IS RESIDENCE ON A FARM? S NO
		11 1 7	Lost 4 DATE Month Doy OF DEATH NOV. 20	Year 19 67
OIII.		emale White WIDOWED K DIVORCED	Aug 220, 1880 87 yrs. Months Doys	Hours Min.
haurs after death.	dur	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired) Housewife FATHER'S NAME Ohn Safranski	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF W COUNTRY? Poland 14. MOTHER'S MAIDEN NAME Anna Ciepenski	THAT
permit. File vithin 72 haa	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Robert Chambers, York, Pa.	
as a burial-transit and in any event		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary occlus UE TO Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost. (c)	ion ONSET	VAL BETWEEN AND DEATH hr
ar remaval,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. W PE YES	AS AUTOPSY ERFORMED?
	L CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of item 18.)	
crematian,	MEDICAL		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County)	(Stote)
Health prior to burial, crema		21. I certify that I taak charge of the remains described above, he death resulted from: Natural causes , Accident , Suit ACTUAL SIGNATURE EXAMPLE TO MAD. John Mace Jr. M.D.	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER \(\big \) 11/21/67	n my apinior DATE SIGNED
Health M	230	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County)	(Stote)
ME (5)	I	REMOVAL (Specify) OF 1a1 JUNERAL OPTION ADDRESS ADDRESS ADDRESS ADDRESS	f Good Councel Dorchester 250. RECID BY REGISTRAR 250. REGISTRAR'S SIGNATURE NOV 2 7 1967	

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CL r.or man irs. Date Controll, Confirt w. Sirding besigned . controls Cresulosm Camborr mairie Monorel Erocia, Contribution steroic

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15331 16923 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY o. COUNTY o. STATE delay is and 3 to Poge Dorchester c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Cambridge c. LENGTH OF STAY IN 1b puo M3. 35 Years Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS FOLER be executed within 24 hours ofter death. If "pending" in pencil in Item 18. Give Pages Peachblossom Ave. YES NO TO Peachblossom word "pending" in pencil in Item 18. Give Pag the Chief Medicol Examiner's Office olong with NAME OF Middle 4. DATE Month Lost Doy Year DECEASED William Louis DEATH NOV. 28.1967 19 (Type or print) Never IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED lost birthdov) Months Dovs ony event within 72 hours ofter death. WIDOWED DIVORCED White July 19.1895 Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Cambridge R.D.
14. MOTHER'S MAIDEN NAME et.Farmer atchman 13. FATHER'S NAME in pencil Ferdinand H. Mever Clara Hagel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 72 Addres Peachblossom 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Elizabeth K. Mever, Cambridge, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-tronsit TOSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (0) Coronary occlusion This certificate should please execute the certificate, writing the word DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). 4 should be forwarded to = DHE TO stoting the underlying couse puo OS be used 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) removol, NO X 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should PRIMARY CONTRIBUTING cremotion, or CAUSE OF DEATH MEDICAL (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE DF INJURY (Home, form, (County) (Stote) Not While Hour o.m. foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry and in my apinian death resulted from: Natural causes X. Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 11/29/67 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior O DEPUTY DEPUTY MEDICAL EXAMINER Cambridge, Md. EXAMINER'S Jr. M.D John Mace NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) 50 REMOVAL (Specify) Dorchester Memorial Park. Cambridge, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24, FUNERAL DIRECTOR VR A15ME Musites howas Cambridge, Md. 6M 1/67 DATE NEC

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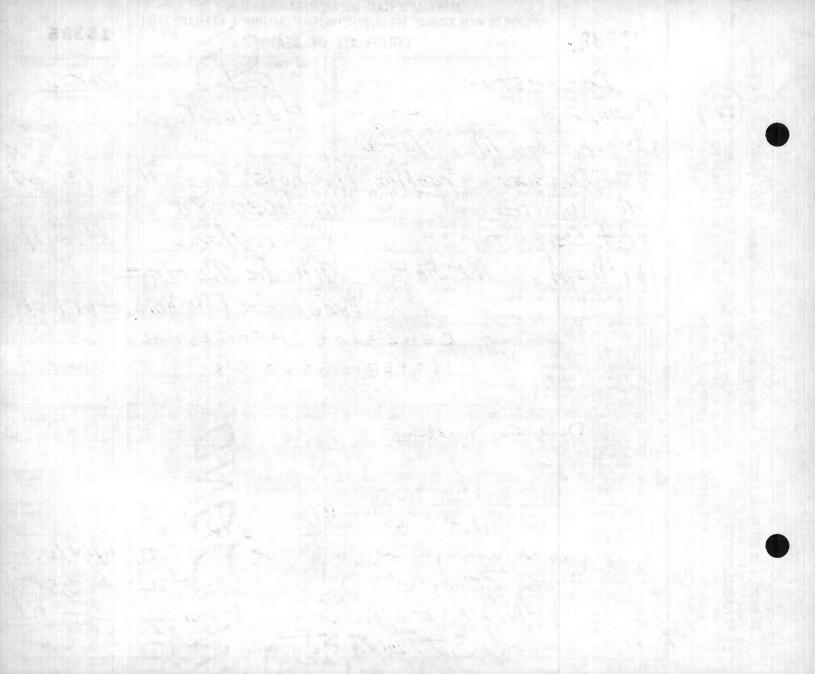
	. PLACE OF DEATH	330	MEDI	ICAL EXAMINE	K.2		OF DEATH (Where deceosed lived, if institution: Re	-	334 before odmission)
		Dorchester		MARYLA		o. STATE Mar	yland b. COUNT Do	rche	ester
	Cambr.	I (If outside corporate limits, and give nearest tawn)		c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge			
	513	PITAL OR INSTITUTION (If not in Academy Stree	n hospitol, gi t	ive street address)		d. STREET ADDRESS 513 Academy Street e. IS RESIDENCE ON A FARM? YES NO X			
	. NAME OF DECEASED (Type or print)	ROLAN	D	f A .	MOV	VBRAY	4. DATE Month OF DEATH NOV	r. 2l	Doy Year 19 67
	Male	White		NEVER MARRIED [DIVORCED [DATE OF BIRTH	98 lost hirthdoy) Mon	ths Do	EAR IF UNDER 24 HRS. oys Hours Min.
0	uring most of working	ON (Give kind of work done ng life, even if retired)		D OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Stote Dorcheste	r County, Md.	2. CITIZE COUNT	N OF WHAT
	3. FATHER'S NAME	William :	Mowbra	ıy		14. MOTHER'S MAIDEN Salli	NAME e Thomas		
	S. WAS DECEASED E Yes, no, or unknown	VER IN U.S. ARMED FORCES? (If yes give wor or dotes of s	ervice) 16. S	ocial security no.	Mrs.	FORMANT S Roland Wo	olford, RFD 3, Ca	mbri	Ldge, Md
	PART I. Di		Cor	o), (b), ond (c).) onary occ	lus	ion			INTERVAL BETWEEN ONSET AND DEATH LINES CANTE
	rise to immedi	ote cause (o), (
	lost.				D TO T		ADDITION OF THE PART OF THE		19. WAS AUTOPSY
ATION	PART II OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO	O DEATH BUT NOT RELATE	וו טו ט	HE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1(0)		PERFORMED? YES NO
CEBTIESCATION	PART II. OTHER 200. EXTERNAL PRIMARY ☐ or C	CAUSE WAS					Port I or Port II of item 1B.)		PERFORMED?
MCDICAL CEDITERCATION	PART II. OTHER 200. EXTERNAL PRIMARY or C CAUSE OF DEATH 20c. TIME OF IN Hour C	CAUSE WAS ONTRIBUTING I. SURY Month, Doy, Year	20b. DES	CRIBE HOW INJURY OCCU JURY OCCURRED 20 Not While 2	RRED. (I		Port I or Port II of item 1B.)	(County	PERFORMED? YES NO X
	PART II. OTHER 200. EXTERNAL PRIMARY Or CAUSE OF DEATH HOUSE OF STATE OF IN-	CAUSE WAS CONTRIBUTING B. RJURY Month, Doy, Year o.m. 19 ify that I taak charge of	20d. IN. While of work of the rem couses [X]	URRY OCCURRED 20 Not While of work ains described above Accident ,	e. PLACI focto	Enter noture of injury in E OF INJURY (Hame, form, street, office bldg., etc.) d an Autopsy, de, Hamicide CHIEF MEDICAL _M.D. ASSISTANT MEDIC	Port I or Port II of item 1B.) m, 20f. (City or town) Inspection X, Inquiry Company	/67	PERFORMED? YES NO
2	PART II. OTHER 200. EXTERNAL PRIMARY or C CAUSE OF DEATH 400 or C 21. cert death resu ACTUAL SIGNATURE EXAMINER'S	CAUSE WAS CONTRIBUTING IN 19 Ify that I taak charge of the contribution John Mac Tion, 236. DATE THERE Not 26	20d. IN. While of the rem couses X	DURY OCCURRED 20 Not While of work ains described abov Accident , M D .	e. PLACI focto e, hel- Suicid	Enter noture of injury in E OF INJURY (Hame, formation of the property of the bldg., etc.) d an Autopsy [], de [], Hamicide CHIEF MEDICAL M.D. ASSISTANT MEI DEPUTY MEDIC Address (Stree REMATORY MORIAL Parl	Port I or Port II of item IB.) m, 20f. (City or town) Inspection K, Inquiry C Inspection K, I	/67 bric	PERFORMED? YES NO (State) and in my apinior 22. DATE SIGNED dge, Md. unty) (State)

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CERTIFICATE OF DEATH

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death ond death	1		PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE b. COUNTY
			o. COUNTY Dorchester MARYLAND O. STATE MCL b. COUNTY DOR
\$ 25 B			CHY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Sin Care		(tite PURAL and give negret town) 2021/5 Hurlock 09-1
4 ho	63		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
in 24 filled i pope hin 72	60		JAB bridge Mary land YES NOD
correletely to ye earbon			NAME OF First Middle Lost 4. DATE Month Doy Year OF
pled fed		S.	Type or print) / 10/13/45 / TANNOR MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IFUNDER YEAR Y
that the deoth certificate be executed within 24 hours offer on. by the attending physician and correletely filled is bette by ransit permit. Then please remove certion papers. Pages cremation, or removol, and in any event, within 72 hours affect.			M White WIDOWED DIVORCED 1/17/1887 Stost birthdoy) Months Doys Hours Min.
ond co	1	100	USDIAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote of foreign country) 12. CIPZEN OF WHAT
physician en pleose ovol, ond i		duri	nathoritot working life the if retired the INDUSTRY Mary and Country?
ifico nysic ol, o		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
eoth certific anding phys nit. Then p or removol,		1	NILIAM NICHOLS KNODE MATTINE
attending permit. The		IS.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes give wor or dotes of service) Address
attendi permit. on, or re		ì	Mrs. Thomas F. Nichola, Hurloch
that the d on. by the att ransit per			1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
that the on. by the ransit cremat			33/X IMMEDIATE CAUSE (0) CEREBRITE TETTICER RATES 11 DITYS
			Conditions if now which care
physic physic signed buriol burial,	149		nse to immediate couse (a),
w re ling een een the			lost. (c)
e low retending		_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
AN: The ol or otte icote hos for use a Health pr	2	FICATION	Dischetes Wellifus YES \(\sigma \text{NO } \)
JAN:		LIFIC	20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	5/9/	CERT	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC he hospi this cert etached Dept. o		MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, form, foctory, street, office bldg, etc.) 20f. (City or town) (County) (Stote)
0 = T 0 0		ME	Hour o.m. p.m. 19 While of work of work foctory, street, office bldg., etc.)
Affer be Stal	646		21. I certify that (I) (this haspital) attended the deceased fram il/> 1967, ta il/13, 1967, that (I) (we) last
OR: ould			saw the deceased alive an 11/13 1967, and that death accurred at 0.350M, fram causes and an the date stated above.
retored Ship			220. SIGNATURE M.D. ATTENDING MED. DIRECTOR PHYS. 11/14/67
y be re long y be re long 3 age 3 filed w			22c. PHYSICIAN'S 22d. ADDRESS 2
noy noy pa	-		NAME (Type) ATTREST & MARY ANGV M.D. 610 RACE St. CAMBRIDGE Moh
Page 4 r O FUNER director, shauld t	0 4	230	BURIAL CREMATION, 23b DATE THEREOF 23c ANAME OF CEMETERY OF CREMATORY 1-23d, AOCATION (City of Town) (County) (Stote)
Page O FUN direct shaul	1	1	SEMOVAL (Specity) / 1/16/67 to laprada to borado Dor Ma
	27	1/24	UNERAY DIRECTOR 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE
VR A15 (4) 25M 1/67	1	1	the Sc Willarandy C. It Harris Markey Trans NOV 17 1967 yoliander Judge



		DIVISION OF STATISTICAL RES	SEARCH AND RECORDS	, 301 W. PRESTON S	TREET, BALTIMORE 1,	MARYLAND
= = ==		15233	CERTIFICATI	E OF DEATH		15336
after death. the funeral	1.	PLACE DF DEATH a. COUNTY		a. STATE	Where deceased lived, If Institution: b. COUNTY	
after the ges 1 after	-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	and Dide corporate limits, write RUR	Orchester AL and give nearest town)
hours and hours hours		d. NAME OF HOSPITAL OR INSTITUTION (if not in	32 years		ambridge Md.	09-1
P 250	0			d. STREET AOORESS	alisman Lane	e. IS RESIDENCE ON A FARM? YES NO X
ithin etely bon withi	3.	902 Talisman La NAME OF First DECEASED	Middle	Last 4.	DATE Month	Day Year
ed w omple e car ecar	5.	(Type or print) SEX 6. COLOR OR RACE 7. MARRI	Laing	Phelps B. OATE OF BIRTH	DEATH November	
executed within an and completely, e remove carbon in any event, with		Female White widowi	ED OIVORCED J	an.10,1889	yrs.	ER 1 YEAR IF UNDER 24 HRS. I Oays Hours Min.
	10a dur	a. USUAL OCCUPATION (Give kind of work done 1Db ring most of working life, even if retired) Housewife	. KIND OF BUSINESS OR INDUSTRY	Talbot,		CITIZEN OF WHAT COUNTRY? U.S.
phys phys on ple oval, a	13.	. FATHER'S NAME		14. MOTHER'S MAIDEN N		0.13.
ath certifica attending ph rmit. Then n, or removal	15	Willis W. Laing Was OECEASEO EVER IN U.S. ARMEO FORCES?	16. SOCIAL SECURITY NO. 17.	Clara	Address	
eath atte ermit	(Ye	es, no, or unkown) (If yes give war or dates of service)			Elzey Cambrid	ge Md.
law requires that the death certificate be ttending physician. That been signed by the attending physician as the burial-transit permit. Then please prior to burial, cremation, or removal, and i		18. CAUSE OF DEATH (Enter only one cause pe PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).]	whose a	ente Edeal	INTERVAL BETWEEN ONSET AND OEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. FUNRAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre-		Conditions, If any, which	tuo Delea	Leve	0	years
aw requilitending it that been as the b		gave rise to immediate cause (a), stating the underlying cause last.				0
he law or atter ate has use as alth pri	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL OISEA	SECONOITION GIVEN IN PART 1(PERFURMED
CIAN: The la ospital or att certificate h ned for use t. of Health p	CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 206. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Inju	ry in Part I or Part II of Item	YES NO
HYSICI le hos his ce stache Dept.			. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm,	20f. (City or town) (C	ounty) (State)
d by th After t d be de	MEDICAL	Hour a.m. Whi p.m. 19 at w	lle Not While factor	y, street, office bldg., etc.)		
ATTENDING retained by CTOR: After should be vith the Stat		21. I certify that (I) (this hospital) attersaw the deceased alive on 1/1/2	nded the deceased from1967_, and that		, to /// 19. M, from the causes and on	the date stated above
L OR ATTENDII y be retained DIRECTOR: A age 3 should illed with the S		22a, SIGNATURE	/ and that			OATE SIGNEO
TAL OR may be AL DIR, page e filed		22c. PHYSICIAN'S NAME (Type)	Su M.O.	ATTENDING MEO. OIRE	CTOR PHYS.	
TO HOSPITAL Page 4 may Co FUNERAL director, pa	23a		23c. NAME OF CEMETERY	(Combre	23d. LOCATION (City, town or o	county) (State)
Pa of Fig.	238	REMOVAL (Specify) Burial Nov. 14, 19		Mem.Park	Cambridge Md.	
VR A15 (4)	24	FUNERAL DIRECTOR, Chowas for	AOORESS ambridge Md.	OATE NOV	Y REGISTRAR 25b. REGISTRA	r's SIGNATURE
20M 1/65	-		300	UATE	~ 0	0

Medical Co. College Was I was I was be . Mana Statement references Williams | Lare | 1 5W endirens July 1 - 1 - 1

A15 (4) 1 N 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1000	*		CERTIFIC	CATE	OF DEATH	1		1 5 9	O Hy	
	a. COUNTY DO	rchester		MARYL	ANO	2. USUAL RESIDENCE a. STATE Mar		l lived, If institu b. COUNTY	tion: Residence Dorche:	before admission)	
	Cambrac			c. LENGTH DF STAY	IN 1b	c. CITY DR TDWN (II Rural-	outside corpora Cambrid		RURAL and giv	re nearest town)	
		Maryland		ospital, give street ad	dress)	d. STREET AODRESS Golden Hill Golden Hill Golden Hill GOLDEN GOLDEN GOLDEN G					
	NAME DF DECEASEO (Type or print)	JOH		Middle RUSSELL		Last HILLIPS	4. OATE DF DEATH	Month Nov	Day 26,	Year 1967	
	ale	MIII CA	WIDOWED	NEVER MARRIEO DIVDRCED		OATE OF BIRTH		t birthday) yrs.	nths Oays	Hours Min.	
durii	rarmer Farmer	ION (Give kind of work Ing life, even If retire	done 10b. K	IND OF BUSINESS OR VOUSTRY		11. BIRTHPLACE (C Dorchester	Co., Ma		12. CITIZEN CDUNTRY	of what USA	
	FATHER'S NAM	James	E. Phil	lips		14. MOTHER'S MAIO		7			
(Yes	WAS DECEASED , no, or unkown) NO	EVER IN U.S. ARMED FO (If yes give war or dates o	PRCES? 16. f service)	social security no.		NFORMANT . Evelyn He	ss, Camb	Address ridge, M	larylan	d	
		DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE	: (ine for (a), (b), and (c).	.1	loses				RVAL BETWEEN ET AND DEATH	
	Cenditions, If		TO (b)	arcus	->~	a I	unc		8	mis	
	gave rise to cause (a), si underlying caus	tating the DUE se last.	(c)		J.	<u> </u>	0				
FICAT			un	Aling TO DEATH BUTNO					YE	WAS AUTOPSY PERFORMED?	
	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, ND	WAS UNDERLYING DING CAUSE OF DEA	TH NER) 20b. /(DESCRIBE/HOW INJUR	Y OCCUR	REO. (Enter nature o	Injury in Part I	or Part II of Ite	em 18.)		
MEDICAL	20c. TIME DF I Hour a.n p.r		Year 20d. II While at work	NJURY OCCURRED 20 Not While at work	De. PLACI factory	OF INJURY (Home, fa , street, office bldg., e	rm, 20f. (City tc.)	or town)	(County)	(State)	
	saw the dec	ceased alive on //	oital) attende	ed the deceased from 27 19 and an		ful, 1 death occurred at	967, to // EM, from t	he causes and	on the date	e stated above.	
	22a. SIGNATU	23 ac	n	nen	M.D.	PHYS.	MEO. DIRECTOR	STAFF 22	2b. OATE SIG	-47	
	22c. PHYSICIA NAME (T)	/pe) Wilbur		mann, M.D.		Aurora St					
23a.	burial	ATION, 23b. OATE Nov 29	1967	St. Mary		netery	Golden	ON (City, town Hill, D	or. Co		
	Compte F		vice, C	AODRESS Lambridge, l	Mary]		V 2 9 196		arles &	endge.	

fer toers braining accorded 11 ? 1. levale Care. Mandan seem, comparison investigation How we related to despt of the College and the in the second contract the Lebunger and Lebung and Artist Long and Stone and MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15335

CERTIFICATE OF DEATH

15338

funeral s 1 and 2 ter death			LACE OF DEATH . COUNTY	Downshaat				2. USUAL RESIDENCE o. STATE Mary	Where dece	osed lived, if institut	tion: Residence be	efore odmission)
Fours affer hours affer		b		Dorchester If outside corporote limits d give neorest town) dge	,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If o	utside corpo			
	3	d	. NAME OF HOSPIT	al OR INSTITUTION (If no dge-Marylan	t in hospitol, g	ive street oddress)		d. STREET ADDRESS Pet	ersbu	rg		e. IS RESIDENCE ON A FARM? YES NO PC
campletely filled in ye not yevent, within 72 h		E	IAME OF PECEASED Type or print)	JACO	st	Middle LEHMAN	1	Lost PINCKNEY	4. DATE OF DEAT	37 - 1		9 Year
e executed within and campletely fille remave carban parangement, within		S. S		6. COLOR OR RACE Negro	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		B. DATE OF BIRTH	2	9. AGE (In years lost birthdoy) 75 yrs.	Months Do	
ate be executed within cian and campletely fill ease remave carban p and in any event, within				(Give kind of work done life, even if retired) DOTET	IMI	ND OF BUSINESS OR DUSTRY DING Factor	y	11. BIRTHPLACE (County South Ca			12. CITIZEN COLINA	
certificate be g physician a hen please naval, and in		13.	FATHER'S NAME Unkno	wn				14. MOTHER'S MAIDEN Unknow				
he death cer attending p permit. The rian, or rema		1S. (Yes	WAS DECEASED EVI , no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service)	SOCIAL SECURITY NO. 45-18-8475		nformant Ssie M. Was	hingt	Addr on Hurlo		
w requires that that ding physician. een signed by the burial-transit the burial, cremat			PART I. DEA 33/X Conditions, if ony rise to immediat stating the unde	e couse (o), rlying couse	(o) <u>Ce:</u> TO (b) TO (c)	rebralvas		ar accide				INTERVAL BETWEEN ONSET AND DEATH
: The arte te has use a alth pr	3	CERTIFICATION		GNIFICANT CONDITIONS C								19. WAS AUTOPSY PERFORMED? YES NO
可言語でする			(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)				(Enter noture of injury in		<u> </u>		
t de t		MEDICAL	Hour o. p.	m. 19	While ot work	Not While of work	foct	CE OF INJURY (Home, for ory, street, office bldg., etc	.)		(County)	
_ < -				fy that (1) (this has eceased alive an N			nd that	t death accurred a	MED.	STAFF -		that (I) (we) last date stated abave IGNED
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	1		22c. PHYSICIAN'S NAME (Type	J. Edwin	Passe		М.С	22d. ADDRESS 623 Hip		reet, C		Md.
Page 4 may 10 FUNERAL D director, pag should be file			BURIAL, CREMATION OF THE PROPERTY OF THE PROPE	Nov.27		23c. NAME OF CEMET Rhodesda		emetery	ı		esdale,	Maryland
VR A15 (4) 25M 1/67	3	J.	J Fran	inptom and S	on, tec	ADDRESS leralsburg,	Man		DEC 5	11	JCharl	les Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15339

Year

1967

NO XX

(Stote)

Md.

(Stote)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) b. COUNTY Dorchester o. COUNTY o. STATE Dorchester Maryland MARYLAND delay CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Life Wingate Wingate State Deport d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? form DOA Cambridge Maryland Hospital None the certificate, writing the word "pending" in pencil in Item 18. Give Poges-4 should be forworded to the Chief Medical Exominer's Office olong with for YES NO X **EXAMINER:** This certificate should be executed within 24 hours ofter death. Office olong with NAME OF First Middle Lost 4. DATE Month Doy DECEASED (Type or print) TOMMIE poges I and 2 with the L. POWLEY Nov. 13 DEATH S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. **NEVER MARRIED** AGE (In years birthdoy) Months Doys Hours Male White Feb. 19, 1922 hours after deoth WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Seafood Dorchester Co., Maryland COUNTRY? USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas R. Powley Archie I. Jones 17. INFORMANT any event within 72 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 217-16-9224 (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Carrie F. Powley, Wingate, Maryland Yes WW 11 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH Carbon Monoxide poisoning IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (o). = DHE TO 0 stoting the underlying couse removol, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. EXTERNAL CAUSE WAS PRIMARYA OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 3 should cremotion, or Hose from exhaust ran into car. CAUSE OF DEATH. 20d INTURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Poge ot work Wingate Dor. ot work Home please execute 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry [and in my opinion Suicide X Homicide funerol director. deoth resulted from: Noturol causes Accident Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior 11/20/67 DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23h. DATE THEREOF 230. BURIAL, CREMATION, (County) 50 REMOVAL (Specify)
Burial Cambridge, Maryland Nov 15, 1967 Dorchester Memorial Park

VR A15ME (5) 6M 1/67

24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambrid ge, Maryland

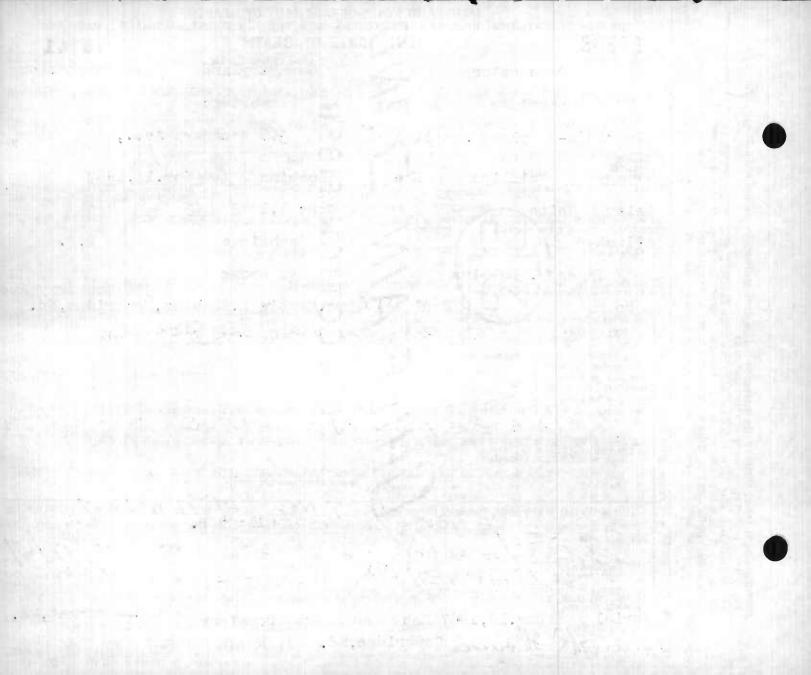
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15340 CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) b. COUNTY Dorchester o. COUNTY Dorchester Maryland ompletely filled in by the fun ve carban papers. Tages 1 event, within 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 17 hours Vienna - Rural Cambridge IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street oddress) d. STREET ADDRESS R.F.D. Box 8A Cambridge-Maryland Hospital YES NO THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF Middle 4. DATE Month Doy Year Lost remove carban DECEASED HAZEL RIDEOUT 18 19 67 MAE November (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Hours February 17,1926 Female Negro and in any WIDOWED OIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired Clothing Factory COUNTRY? Chester, Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Linwood Rideout. Sr. Rachel Dougherty 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dotes of service) permit. 216-18-8343 Nona R. Jackson, Vienna, Md., RFD CAUSE OF DEATH (Enter only one couse per line for (n), (b), and (4).) INTERVAL BETWEEN burial-transit ONSEY AND DEATH PART 1. OFATH WAS CAUSED BY IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. signed by **OUE TO** Conditions, if ony, which gove rise to immediate cause (a), **OUE TO** stoting the underlying couse has been priar to WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION PERFORMED? detached far use te Dept. af Health YES NO **DIRECTOR:** After this certificate 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) foctory, street, office bldg., etc.) Not While ot work 21. I certify that (I) (this haspital) attended the deceased from 10-4-67, 1967, ta 11-18, 1967, that (I) (we) last saw the deceased alive an 11-18 1967, and that death occurred at 9:45 MMram causes and an the date stated above. 1967, that (I) (we) last 22a_SIGNATURE 22b. OATE SIGNEO directar, page 3 shauld be filed v M.D. DIRECTOR 22d. ADDRESS 22c. PHYSTCIAN'S O FUNERAL NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Nov. 22, 1967 Reid's Grove Cemetery Near Reid's Grove, Maryland 24. FUNERAL DIRECTOR Framptom and Son, Federalsburg, Maryland DATE 25o. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Ollemelas Judge NOV 27 1967

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			ing and bar out	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE_(Where deceased lived, If Institution: Residence before admission) a. COUNTY Dorchester a. STATE aryland b. COUNTY Dorchester MARYI ANO b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town). Cambridge days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET AOORESS 308 Boundary Ave. . ON A FARM? Cambridge-Maryland Hospital YES NOK 3. NAME OF OATE Oav Middie Last DECEASED Phillips Robbins DEATH NOV. 16.1967 (Type or print) Lee 19 executed 6. COLOR OR RACE | 7. MARRIED NEVER MARRIEO 8. OATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 5. SFX remove and WIDOWED [OIVORCED [June 1.1902 10a. USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT 드 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) certificate be during most of working life, even If retired) COUNTRY? Cambridge Plumber U.S. 13. FATHER'S NAME MOTHER'S MAIOEN NAME Lvons James W. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Boundary Ave permit. 0 death (Yes, no, or unkown) (If yes give war or dates of service) Irs. Mattie 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ial-trans attending physician. been signed the burial-transor to burial, cre DUF TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATI PERFORMED? certificate NO F 0 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) detached for this 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While at work at work p.m. DIRECTOR: A age 3 should led with the 3 21. I certify that (I) (this hospital) attended the deceased from , and that death occurred at 3 M. from the causes and on the date stated above. 1960 saw the deceased alive on 22a SIGNATURE OATE SIGNEO 22b. ATTENOING STAFF DIRECTOR FUNERAL PHYSICIAN'S 22d - AODRESS director, p NAME (Type) BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) East New Market.Md. Hast New Market uria REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20M 1/65



5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State

VR A15ME (5)

TO DEPUTY MEDICAL EXAMINER:

Health priar ta burial, cremation, ar remaval, and in any event within 72 haurs after death.

15339

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

15342

1. PLACE OF DI o. COUNTY	Dorchester	MARYLA	a. STATE Del	Dolawalo							
b. CITY OR TO write RUP Rura	OWN (If outside corporate limits, RAL and give nearest town) 1-Cambridge	c. LENGTH OF STAY IN I		autside corporote limits, write RUI -Greenwood	RAL and give nearest town)						
d. NAME OF I	HOSPITAL OR INSTITUTION (If not in ambridge Marylar	haspital, give street address) ad Hospital	d. STREET ADDRESS RFD N	0. 2	e IS RESIDENCE ON A FARM? YES X NO						
3. NAME OF DECEASED (Type or prin	First PEARL	Middle LINTHICUM	SHENTON								
S. SEX Female	White	MARRIED NEVER MARRIED VIDOWED DIVORCED	8. DATE OF BIRTH Aug. 28, 1	9. AGE (In years last birthday) 36 yrs.	Manths Days Hours Min.						
	PATION (Give kind af wark dane orking life, even if retired)	10b. KIND OF BUSINESS OR WOUSTRY		te or foreign country) , Maryland	12. CITIZEN OF WHAT COUNTRY? USA						
13. FATHER'S N	Thomas Lin	thicum	14. MOTHER'S MAIDE Mamie A	N NAME Tyler							
15. WAS DECEAS (Yes, no, or unkn	SED EVER IN U.S. ARMED FORCES? nown) (If yes give wor or dotes of ser	vice) 16 SOCIAL SECURITY NO.	17. INFORMANT Robt. A. Sher	nton, RFD2, Gree							
PART P2 3 Conditions, rise to imm	OF DEATH (Enter anly one cause p 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) _ DUE TO if ony, which gave enediate cause (a), underlying couse (c) _ OUE TO	Multiple inj		re	INTERVAL BETWEEN ONSET AND DEATH Instant						
PART II. OT	HER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE (CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES K NO						
PRIMARY X	NAL CAUSE WAS D or Contributing EATH.	20b. DESCRIBE HOW INJURY OCCU		in Part I ar Part II of item 18.) struck bank (of road						
E Ho	OF INJURY Month, Day, Year our a.m. PMm. 11/10/67	20d. INJURY OCCURRED 20	De. PLACE OF INJURY (Hame, for Sacraty, street office bldg., e	orm, 20f. (City or town)	(County) (Stote)						
	111		Suicide , Homicio CHIEF MEDIC	, Inspection , Inqu	uiry, and in my opinian nanner 22. DATE SIGNED						
NAME (Typ 23a. BURIAL, CR REMOVAL)	(e) John Mace	23c. NAME OF CEMETER	Address (Str	eet, city, town, or county) C 23d. LOCATION (City or To	ambridge, Md.						
24. FUNERAL D		ADDRESS	2So. RF		GISTRAR'S SIGNATURE QUESTE						

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1	1. PLACE DF DEATH a. CDUNTY Dorchester 2. USUAL RESIDENCE (Where decea a. STATE Maryland	b. COUNTYDOR	esidence before admission
1	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) L Month MARYLAND c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) L Month Golden Hi		
		11	09-1
3	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) Cambridge-Maryland Hospital Rural		e. IS RESIDENCE ON A FARM?
	3. NAME OF First Middle Last 4. DATE	Month	YES NO Day Year
	(Type or print) Teresa Anna Strasinger DEATH	Nov.8,196	
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 0. 8. DATE OF BIRTH 9. // Female White WIDOWED DIVORCED 0ct. 15, 1893 74	AGE (In years IF UNDER last birthday)	Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY Homemaker 11. BIRTHPLACE (County & State, on Baltimore	r foreign country) 12. Cl	TIZEN OF WHAT
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME		.5.
	Seraphin Oberle Unknown		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service)	Address	
	No Harry N.Strasinger	r, Church C	reek, Md.R
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) July 18. CAUSE (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which) DUE TO Pulmonary Tukerculose's		24/
	gave rise to immediate cause (a), stating the DUE TO	e e e e e e e e e e e e e e e e e e e	zyn
100		TION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
3			YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTION OF INJURY OCCURRED. (Enter nature of Injury In Part (IF EITHER, NOTIFY MEDICAL EXAMINER)	t I or Part II of Item 18.)
1000	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4	Ity or town) (Cou	inty) (State)
ľ	21. I certify that (I) (this hospital) attended the deceased from 10/(1/67, 19 pto	17/8/67, 19	, that (I) (we) last
	saw the deceased alive on // / 7 19 , and that death occurred at M, from 22a, SIGNATURE	n the causes and on the	he date stated above
I	Carrier Maryann M.D. ATTENDING MED. DIRECTOR	STAFF PHYS.	19/67
	22c. PHYSICIAN'S NAME (Type) Lawrence Marrano 22d. ADDRESS	Ige, Mi	
12	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCAL REMOVAL (Specify)	ATION (City, town or cou	
		East New M	arket Md. S SIGNATURE

I Supplement to bear wall days for the rest to the A CONTRACTOR OF STREET OF STREET OF STREET 5341

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

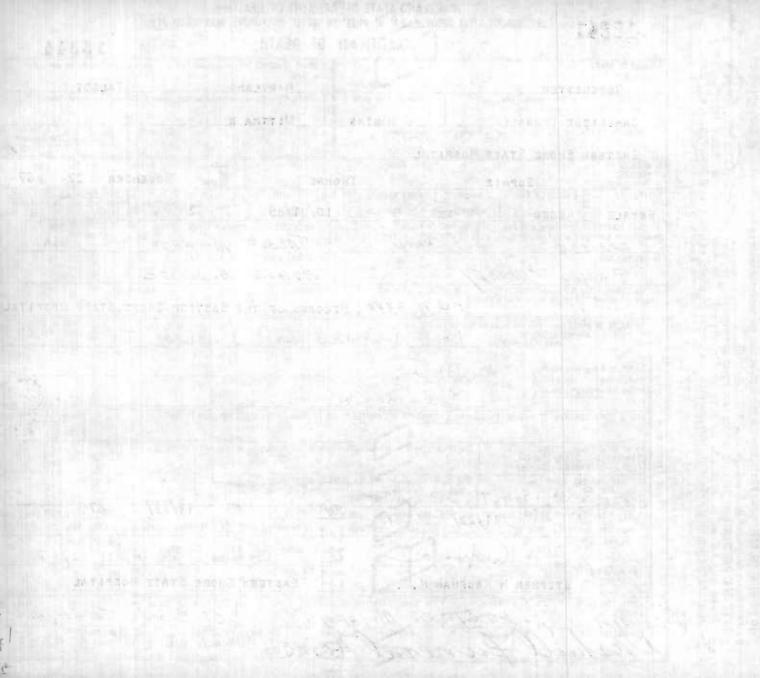
15344

		. COUNTY					a. STATE	(Where decease			ice betare	admissi	on)
	Q.	_	ESTER		MARYLA	ND	MARYLA	AND	b. COU	TAL	PAT		/
	b	. CITY OR TOWN (If outside carporate limit d give neorest town)	'S,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If a		e limits, write RL			tawn)	
			GE (RURAL		6 MONTH	15	WITTMA	A N				20 =	2
3	d	. NAME OF HOSPIT	AL OR INSTITUTION (If h		give street address)		d. STREET ADDRESS				- 4	ON A F	
-	2 N	LASTERN IAME OF	SHORE STA	TE HOSE	Middle		Last	4. DATE	Man	AL.			
	D	PECEASED Type or print)	Soph		Middle	Тно	MAS	OF DEATH		MBER	Day 22		67
	S. S		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	AGE (In years	IF UNDER		IF UNDE	R 24 HRS.
	F	EMALE	NEGRO	WIDOWED	DIVORCED		10/01/85		last birthdoy) 2 yrs.	Manths	Days	Haurs	Min.
	1Da. durin	USUAL OCCUPATION	(Give kind af wark dane life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County				TIZEN OF DUNTRY?		
		LABOR			None		IALBOT	MAK	YLAND			USA	
	13.	FATHER'S NAME	0				14. MOTHER'S MAIDEN	NAME					
		THOM.	1AS PINK	NEY			ANNIE	ALD	RIDGE				
I	IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Add				
	(1.03			121	4-16-3380	RE	CORDS OF TH	HE EAST	TERN SHO	RE ST			
		18. CAUSE OF DI PART I. DEA	EATH (Enter anly one co TH WAS CAUSED BY:	1	(a), (b), and (c).)	rul	n Heart	(in)	in			RVAL BE SET AND	
		4201	IMMEDIATE CAUSE		1			1					
		Canditians, if any		(b)	n.T			V			100		
	rise to immediate cause (a), stating the underlying cause DUE TO												
		lost.	rlying cause	(c) P	neumon	10						- 0	
2	S	PART II. OTHER SI	GNIFICANT CONDITIONS	ONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO	THE TERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(a)			WAS AUT	MED?
-	\$										YE	S	NO []
	CERT		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	ESCRIBE HOW INJURY OCCU	JRRED.	(Enter noture of injury in	Part I ar Part	II af item 18.)				
	MEDICAL	20c. TIME OF INJI Haur a.r	1 1 2 2 10	2Dd. II While	Nat While		CE OF INJURY (Hame, farr ory, street, affice bldg., etc.		(City ar tawn)	(Ca	unty)		(Stote)
					ded the decessed fr	am U	5/09	1957 to	11/22/	, 190	7 . th	at (4) (we) las
		saw the d	eceased alive an_	11/22/	19, an	d tha	death accurred at	18:30 PM	, fram causes	and an t	he date	state	d abave
		22a. SIGNATURE	1 H 1	mh		J.M	ATTENDING D. PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. D	ATE SIGNE	167	
	-	22c. PHYSICIAN'S NAME (Type		KAUFM	AN M.D.		22d. ADDRESS EASTER	N SHORE	E STATE	HOSPI	TAL		
1	23a.	BURIAL, CREMATIC	ON, 23b. DATE TH	EREOF	23c. NAME OF CEMETE	RY OR	CREMATORY	23d. LOC	ATION (City or To	own)	(County)	(State) /
) [1	REMOVAL (Specify	11- 2	6.67	ST. Mic	HE	ALS	OT.	Michen	5, TA	LBO	37/1	nd.
1	24.	UNERAL DIRECTO	DR/ 1/1/-	1	ADDRESS	2	2Sa. REC	PARY REGISTRY	AR 19625b. R	EGISTRAR'S	SIGNATUR	En	
	1	/ass	nell -	sus	renal	4	OMO DATE	0 4 4 0	100/	The same	MED	Jus	42

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbb, shauld be filed with the State Dept. of Health prior ta burial, crematian, or removal, and in any event, w Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

filled



MARYLAND STATE DEPARTMENT OF HEALTH

23c. NAME OF CEMETERY OR CREMATORY

CAMBRIDGE, MD.

ADDRESS

UNION CHAPEL

23d. LOCATION (City or Town)

CORDIOWN

2So. REC'D BY REGISTRAR

(County)

2Sb. REGISTRAR'S SIGNATURE

(Stote) MD.

23b. DATE THEREOF

11/20/67

BURIAL, CREMATION,

O FUNERAL DIRECTOR: After , page be filed director, should b VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

15347

	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
D G D D		o. COUNTY Dorchester MARYLAND X O. STATE MARYLAND X Dorchester
the early the		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SI TO SI	1	1 write RURAL and give nearest town)
1000	-	Ambridge (Rula) 3 month 18 day Fishing Creek (Rula)
7 Fers		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
within 24 hours offer lely filled in by the Au bon papers, within 22 hours offer	E	Eastern Shore State Hospital YES NO X
· · · · · · · · · · · · · · · · · · ·	3.	NAME OF First Middle Lost 4. DATE Month Doy Year
		DECEASED (Type or print) Actley FRANKLIN TULER DEATH 11 17 1967
	S.	SEX 6. COLOR OR RACE 7. MARRIED 12 NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	10	nale white WIDOWED DIVORCED 9/21/1903 (ost birthdoy) Months Doys Hours Min.
be ex	100	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or To reigh country) 12. CITIZEN OF WHAT
- o -	du	ing most of working life, even if retired) INDUSTRY — HOOPERSUILLE-MARYLAND (COUNTRY? A.S. A.
sicio pleo , or	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
certificate b g physician Then pleose movol, ond i		5 1 - 1 - 1 - 2
2 DE E	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
the deoth te attendin t permit. ation, or re	(Y	is, no, or unknown) (If yes give wor or dotes of service)
attendi permit.	0	ntrown 213-14-1963 EASTERN Shope State Hospital Med. Record
4		18. CAUSE OF DEATH (Enter only one couse per ling for (q)/(b), and (c)) PART I. DEATH WAS CAUSED BY: ONSEL OND DEATH
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icial icial id b i-t- i-t-		THO DUE TO NET BY
hys hys gne gne urio		(conditions, if ony, which gove rise to immediate couse (o), (b) well with the constant and the course (o), (b)
g p g		stoting the underlying couse DUE TO
din din		lost. (c)
e le ten as as pric	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
H P P P P P P P P P P P P P P P P P P P	CERTIFICATION	YES NO V
cot cot or ded	EIG.	20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
Digital po	8	OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
HYS hos s ce ache	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
the thing det	A A	Hour o.m. While Not While foctory, street, office bldg., etc.)
by be be stat		p.m. Of HOIK CO OF HOIK CO
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OR ATTE be retaine DIRECTOR 3e 3 shoul		ATTENDING MED. STAFF
DIRE DIRE		22c, PHYSICIAN'S 22d, ADDRESS
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O HOSPITA Page 4 may O FUNERAL director, po should be f	23	REMOVAL (Specify)
5- 500	-	Birial Nov 9 1967 Dorchester Memorial Park Cambridge Md. FUNERAL DIRECTOR ADDRESS / 250. RECD BY REGISTRAR'S GIGNATURE
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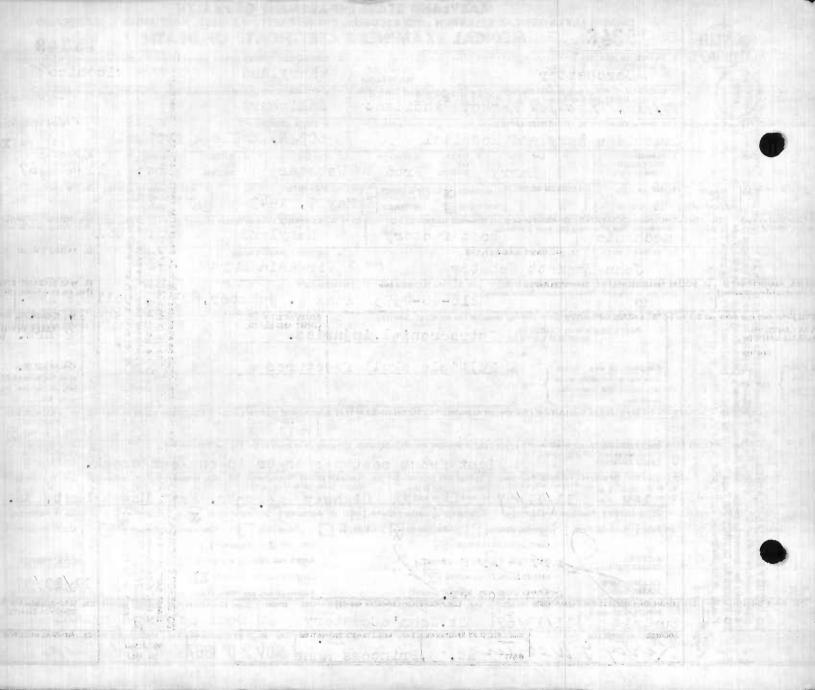
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY Marwland Dorchester Dorchester MARYLAND. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) about 30 yrs. Cambridge Cambridge e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) within 72 ON A FARM? Cambridge Maryland Hospital 110 Talbot Avenue NO X YES completely/ carbon 3. NAME OF DECEASED First Middle Last DATE Month Day Year OF DEATH JOSEPH EDWARD WALTER event, Jr. 67 (Type or print) Nov. 19 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED AGE (In years | IFUNDER 1 YEAR IF UNDER 24 HRS and con remove 5. SFX 8. DATE OF BIRTH last birthday) Male White Nov. 29, 1912 Months Days any WIDOWED DIVORCED Ξ 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT U. S. Mail COUNTRY? Dorchester Co., Maryland USA Postmaster certificate 14. MOTHER'S MAIDEN NAME removal, 13. FATHER'S NAME Joseph Edward Walter. Sr Nellie Tyler 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address the atten (Yes, ng, or unkown) (If yes give war or dates of service) Mrs. Ella Walter, Cambridge, Maryland 214-10-0949 cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CINOMAà MCINTH burial-t DUE TO Conditions, If any, which been gave rise to immediate the to DUF TO cause (a), stating the underlying cause last. has PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health use PERFORMED? certificate CERTIFICATI No F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) detached for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) should be factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work DIRECTOR: A age 3 should lied with the 21. I certify that (I) (this hospital) attended the deceased from 196 and that death occurred at _M, from the causes and on the date stated above. saw the deceased alive on. 22a SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR FUNERAL 22c. PHYSICIAN'S director, p 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Nov 10, 1967 Dorchester Memorial Park Cambridge, Maryland Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambrid ge, Maryland A15 (4) 20M

MARYLAND STATE DEPARTMENT OF HEALTH

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ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If Institution, Residence before edipiesion) . COUNTY b. COUNTY Wicomico . Maryland Dorchester MARYLAND b. CITY OR TOWN (if outside corporate Jimits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) LENGTH OF STAY IN 16 write RURAL and give nearest town Cam accident Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Cambridge Maryland Hospital E. College Avenue State YES NO NAME OF Middla 4. DATE Month Dev Year DECEASED OF DEATH 1967 hours Webster Nov. Fred (Type or print) Larry with 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and 3 may last birthday) 9. Months Days Hours May WIDOWED | DIVORCED within ge 5 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign equatry) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retired), Pages 1, boat factory Maryland USA mechanic File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Virginia Burton in Item 18. Give in any John Bennett Webster 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or dates of servica) Anna W. Webster. 603 E. College Ave. Office along with no executed Salisburningalenween 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] or removal, burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intracranial.injuries. in pencil IMMEDIATE CAUSE (e) DUE TO Multiple skull fractures 2 hrs. Conditions, if any, which cremation, gave rise to immediate cause 1 "pending" Medical Examiner's DUE TO 98 (a), steting the underlying be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19, WAS AUTOPSY CERTIFICATION to burial, PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO V 20b. DESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in Pert I or Pert II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING CAUSE OF BEATH. Prior in one car wreck. front seat passenger MEDICAL 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. at work et work FONr. East New Market. Highway 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection Type Inquiry y and in my opinion CAL death resulted from: Natural causes Suicide Undetermined manner Accident | Homicide | CHIEF MEDICAL EXAMINER . ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER XX ò EXAMINER'S NAME (Type) John Jr Add
22c. NAME OF CEMETERY OR CREMATORY ace Addrass (Street, city, town, or county) 4 shoul O FUN Health 22b. DATE THEREOF 22a. BURIAL, CREMATION, REMOVAL (Specify) 22d. LOCATION (City, town, or county) Deal Island Maryland St.John'sCemetery burial FLINERAL DIRECTOR 24s. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. VR AISME .Princess Anne SM 1/63



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